



Iowa Child Welfare and Substance Abuse Services Collaboration

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Working Together Doing What Works

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Iowa Child Welfare and Substance Abuse Services Collaboration

In a field where difficult decisions are made every day, child welfare workers face particular dilemmas when working with the extremely challenged families whose complex and multiple problems include both substance abuse and child maltreatment. Central to this challenge is that addiction to alcohol and other drugs can be a chronic, relapsing disorder and recovery can be a long-term process. At the same time, children in these homes have an immediate need for safe, stable and permanent homes in which to grow up.*

Substance abuse (including both licit and illicit drugs) can impair a parent's judgement and priorities, rendering the parent unable to provide the consistent care, supervision and guidance children need. For child welfare workers it is difficult to determine what level of functional improvement will enable a parent with substance abuse problems that have precipitated child maltreatment to retain or resume his or her parental role without jeopardizing a child's safety, particularly as relapse remains a significant possibility.*

To address the issue of substance abuse and child safety, the Iowa Department of Human Services (DHS) and the Department of Public Health (DPH) focused on Health and Human Services (HHS) recommendations as a blue print for future programming needs. In 2000, the Department of Human Services provided funding for local areas to implement new program activities based on HHS recommendations. This report includes:

- A brief discussion of the HHS recommendations and the implication for Iowa.
- A summary of program activities implemented by 27 local areas to initiate and enhance the coordination of services for families with substance and child safety issues.
- Recommendation for future activities

By empowering local sites to design their own activities, we have gained valuable insights on implementing successful child welfare and substance abuse collaborative programming in the state of Iowa. Drawing from these activities, we were able to identify program directives that meet the specific needs of local communities. The recommendations for future programming are based on the lessons learned through local program activities. This report provides a mechanism to share this information and serves as a resource for future program design and implementation. Included in this report are the final reports from each of the local communities and a contact person for the activities implemented.

* Excerpts from Department of Health and Human Services (HHS) report: Blending Perspectives and Building Common Ground, April 1999

*** Federal Requirements and Recommendations**

With the implementation of the Adoption and Safe Families Act (ASFA, P. L. 105-89) and renewed emphasis on achieving permanency for children in the child welfare system, finding effective ways to address concurrent substance abuse and child maltreatment problems in families takes on renewed importance. The Adoption and Safe Family Act mandated that the Secretary of Health and Human Services prepare a report to Congress on substance abuse and child protection describing:

- (1) Extent and scope of the problem of substance abuse in the child welfare population;
- (2) Types of services provided to this population;
- (3) Effectiveness of these services; and
- (4) Recommendations for legislative changes that might be needed to improve services coordination.

The Health and Human Services (HHS) report was released in April of 1999. The report identified that parents abuse alcohol and other drugs at lower rates than do persons without children, 11 percent of U.S. children, 8.3 million, live with at least one parent who is either alcoholic or in need of treatment for the abuse of illicit drugs. The HHS report highlighted the following issues:

- Neglect is the predominant type of maltreatment in families with substance abuse problems.
- Children in foster care, whose parents have substance abuse problems, tend to remain in care for longer periods of time than other children.
- Factors in the postnatal environment mediate prenatal factors in predicting developmental outcomes.
- Accommodating differences between the child welfare and substance abuse fields will require sustained efforts to learn about and understand one another and to establish shared expectations.
- Improved efforts across a wide spectrum of activities are needed to improve child and family outcomes.
- HHS challenges states and community leaders in the child welfare and substance abuse fields to initiate discussions on these issues within their own jurisdictions.

An estimated 40-80% of the families involved in the child welfare system have problems with alcohol and/or drugs. Children whose parents abuse alcohol and drugs are three times more likely to be abused and more than four times more likely to be neglected than children of parents who do not abuse alcohol and drugs. Children with open child welfare cases whose parents have substance abuse problems are often younger than other children in the welfare system and are more likely to be placed in foster care rather than remaining in the home. In Iowa, at least 50% of foster care placements involves families where alcohol and/or other substances are abused.

Two main research findings regarding children of parents with substance abuse problems are that (1) these children have developmental outcome (physical, intellectual, social and emotional) than other children and (2) they are at risk of substance abuse themselves. The maltreated children we serve now are at high risk of becoming the next generation of adults with addiction problems and/or the next generation of parents who abuse or neglect their children.

While both the substance abuse treatment and the child welfare fields have the vision of healthy, functional families resulting from their interventions, different perspectives and philosophies sometimes impede cooperation, engender mistrust, and can cause agencies to hamper one another's efforts and stymie progress. Several key differences in perspectives underlie the majority of

misunderstandings and frustration child welfare and substance abuse treatment agencies feel toward one another. These include a difference in the definition of who the client is, what outcomes are expected at what times, and potentially conflicting responses to setbacks.

In addition, factors relating to the legal context for joint activities affect the willingness and ability of agencies to work together. These include:

- State and Federal laws regarding child abuse and neglect and child welfare;
- The sense of crisis under which many child welfare agencies operate;
- Chronic shortage of substance abuse treatment services, particularly services appropriate for women with young children;
- Confidentiality requirements of both fields that are often perceived as impediments to cooperation.

There are significant barriers to productive collaborations between child welfare and substance abuse agencies. But these differences can be accommodated. Doing so will require efforts by all DHS and substance abuse services staff throughout Iowa to learn about one another, to understand one another, and to establish a shared set of expectations for each other and for clients.

Addressing the problem of substance abuse and child maltreatment requires interventions at a variety of levels. Among the clear lessons that have emerged from the decades of effort by dedicated service providers in both fields are that there are no easy answers and that what works for one family may not necessarily work for another. Most studies find that by working together agencies are more likely to make progress in serving these families well.

* The Federal Requirements and Recommendations section of this report has excerpts from Department of Health and Human Services (HHS) report: Blending Perspectives and Building Common Ground, April 1999

Strengthening Child Welfare and Substance Abuse Services in Iowa

On April 24, 1999, the Department of Public Health (DPH) and Department of Human Services (DHS) held a video conferencing training (ICN) on child welfare and substance abuse for both agencies' staff across the state of Iowa. During the ICN, Dr. Nancy Young presented many key issues for comprehensive and cohesive efforts between the agencies. After the ICN presentation, each site in attendance was asked to respond to these discussion questions regarding substance abuse and child welfare:

- What gaps are most pressing in our community?
- What should we be doing next?
- What needs to happen at the state level to help us move forward?

A wealth of information was gathered from 17 sites, involving 226 participants across the state of Iowa that responded to these questions. Three specific areas were identified: need for cross-training; development of screening process; and providing "seed" money to support continued collaboration at the community level.

In response to these recommendations, DHS provided funding to Decategorization (Decat) projects to support projects that enhance safety and permanency for children in the child welfare system whose parents abuse alcohol and other drugs. Addressing the problem of substance abuse and child maltreatment requires collaboration and intervention at a variety of levels, developed in partnership between the two systems. Application for funding required DHS and substance abuse agencies to work together to develop proposals, implement of program activities and collaboratively complete a self-assessment survey. (For funding application see Appendix A and for self-assessment survey see Appendix B)

All the projects funded supported the following goals:

- To build collaborative working relationships between substance/alcohol abuse treatment agencies and child protective services systems.
- Collaboratively develop an effective preventive approach to addressing substance abuse among parents and its harmful effects on children.
- To identify and intervene effectively with families through strengthening training and identification skills.
- To enhance risk assessment, needs assessment, and referral capacity for families with substance abuse problems who come to the attention of the child protective system.
- To promote client treatment retention and effectiveness of service by enhancing engagement and monitoring skills.

In December of 2000, 35 Decats involving 88 counties submitted proposals for programs designed to strengthen the partnership between the child welfare system and substance abuse agencies across the state of Iowa. These proposed projects included: 73 counties conducting educational forums; 58 counties conducting community collaboration meetings addressing cohesive protocols, screening and referrals; and 41 counties are using funds for substance abuse services involving evaluations, case monitoring and consultation. Due to program design changes and staff turnover, eight of thirty-five Decats did not complete activities identified in their proposals and several areas changed their proposed program activities to meet the needs of their communities.

In November of 2001, 27 of the 35 Decats that submitted proposals completed projects focusing on strengthening child welfare and substance abuse collaborations. These efforts reached approximately 2424 individuals in 67 counties. Project activities focused on three general areas: educational forums, collaboration meetings, and substance abuse services. Each of the 27 Decats participating in the Child Welfare and Substance Abuse Collaboration projects were required to submit a final report for its project. The following information is a summary of three types of programs implemented by local communities. (For final report form see Appendix C)

	Education Forums	Collaboration Meetings	Substance Abuse Services	TOTAL # Involved*
Decat	15	12	11	27
Counties	34	27	26	67
Individuals	1,678	316	430	2,424

*Several local areas participated in more than one activity.

Education Forums:

The educational programs offered throughout the state provided an opportunity for child welfare workers and stakeholders to gain knowledge on the effects of substance abuse in relationship to child safety. These educational programs included 15 Decats projects involving 34 counties and 1,678 individuals attending educational forums. The information presented during these forums focused on: signs and symptoms of alcohol and other drug abuse, cultural diversity issues, family dynamics, prenatal exposure, child safety, and teen substance abuse. The format for the educational forums included community presentations, workshops, and extensive trainings. Educational programs included:

- City, County and Multi-county AOD and CW cross-training that addressed the services of both systems and providing knowledge of both child abuse and substance abuse issues.
- Community workshops involving a broader network of stakeholders (schools, CW, AOD, justice system, etc.) that focused on issues of substance and families.
- Training for DHS staff to increase knowledge of substance abuse and the effects on families
- Five training day extensive training on team building for several community stakeholders

Educational Programs Strengths

Many communities identified that the educational forums increased awareness and understanding of substance abuse and how it relates to child safety. DHS workers gained insights on the substance abuse-evaluation process, learned to identify important indicators of substance abuse and the struggles of recovery and relapse. Substance abuse agencies learned about federal and state policies and procedures to enhance child safety when families come to the attention of the system because of substance abuse problems. These educational forums provided a mechanism to increase awareness for both systems and provided a starting point for many sites to move towards collaborative meeting and services.

Accomplishments and Lessons Learned (excerpts from local projects' final reports)

The workshop provided strengthening of identification skills for CWS workers to understand the harmful effects of alcohol and drug abuse and to improve their ability to identify and intervene effectively with families in substance abuse environment.

- *The project assisted in providing appropriate referral resources*
- *The training strengthen collaborative working relation between AOD treatment and CW system.*
- *The workshop strengthened community resource networking*
- *The training helped identify and assess the risks to children living in environments where alcohol and drug abuse is occurring*
- *Child welfare workers will look more closely at substance abuse issues when assessing home environment.*

For additional information and contact persons regarding the education forums see local area reports for the following:

Algona, Boone, Newton, Burlington, Cedar Rapids, Charles City, Davenport, Decorah, Des Moines, Dubuque, Fort Dodge, Fort Madison, Marshalltown, Mason City, Waterloo.

Collaboration Meetings:

Throughout the year, several local areas choose to enhance cooperative efforts by having a series of meetings with substance abuse agency staff and child welfare workers. Meeting discussions focused on planning and implementing joint strategies for the delivery of services to shared clients in both systems. Several sites used the self-assessment survey as a guide for these discussions as well as an instrument for a pre- and post- measurement of their collaboration efforts (see appendix B). These collaborative meetings included 12 Decats, involving 27 counties and 316 individuals. The frequency of these meetings and participants included:

- City and countywide monthly meetings involving CW and AOD staff who discussed coordination of services.
- Quarterly meetings involving several stakeholders in the community such as CW workers, AOD agencies, schools and law enforcement staff to address a community-wide response to the child welfare and substance abuse issues

Collaboration Meeting Strengths

Relationship building between substance abuse agencies' personnel and child welfare staff was identified as one of the primary benefits of the collaboration meetings. Collectively workers met and discussed how the two systems could service shared clients in a more cohesive, cooperative approach. During these meetings both systems worked together to design local referral protocols and procedures, discussed screening and evaluation techniques, and conferred on confidentiality issues.

Accomplishments and Lessons Learned (excerpts from local projects' final reports)

- *Increased knowledge of child welfare staff re the signs of substance abuse by parents*
- *Increased knowledge of child welfare staff on how substance abuse can impair parent's abilities to parent and keep children safe*
- *Increased knowledge of AOD staff re the CW system and requirements of ASFA on the importance of permanency*
- *Established a common definition of "client" in families involved with both AOD and CW systems*
- *Established a shared protocol for working with families involved in both systems*

- *Established a shared set of outcomes and timelines relating to what is expected of AOD abusing parents*
- *Strengthened interpersonal relationship between child welfare and substance abuse agencies*
- *Promoted open communication*

For additional information and contact persons regarding substance abuse and child welfare collaboration meeting see local area reports for the following: Algona, Ames, Atlantic, Burlington, Cedar Rapids, Charles City, Council Bluffs, Creston, Davenport, Des Moines, Leon, Marshalltown

Substance Abuse Services:

Several areas implemented program activities directed towards providing substance abuse services for families involved in the child welfare system who have substance abuse problems. There were 11 Decats, involving 27 counties and 430 individuals that participated in these services. Types of services included:

- Co-location of substance abuse counselors in DHS office
- In-home case management targeting pre-and post-treatment needs
- Utilizing a family team meetings to meet the specific needs of families and forming a team approach
- Prioritizing child welfare referrals
- Individual and group counseling

Substance Abuse Services Strengths

New initiative substance abuse services strengthened the accessibility and enhanced a wider range of resources available to families. In rural areas, receiving substance abuse services often requires considerable travel. By co-locating substance abuse counselors in DHS offices, access and coordination of services were streamlined for evaluations of individuals with substance abuse problems. By co-locating substance abuse services within local DHS offices, families were able to receive services within their own community.

Assessing safety and case planning for families improved by the use of co-location, case-consultation, in-home service, and family team meetings. All these approaches created mechanisms for the exchange of information between substance abuse counselors and DHS staff and promoted trust-based relationships. In-home case management prior to treatment helped the family seek treatment earlier, and case management after treatment provided additional support for recovery. The family team meeting approach brought families, friends, support people, DHS workers and providers together to devise strength-based solutions and develop planning strategies.

Accomplishment and Lessons Learned (excerpts from local projects' final reports)

In-home Case Management:

The case management approach was able to look at the entire family functioning and thus address issues in-addition to the substance abuse, which helped stabilized the family and therefore helped the chemically dependent person to recover.

Co-locating Staff:

Substance abusing parents could have evaluations completed more quickly and at a reasonable cost. Recommendations for parents could be communicated more quickly and placement in a substance abuse program when necessary was also more efficiently accomplished. Immediate availability of the substance abuse counselor at the DHS offices has made a big difference in improving the safety and has decrease the time it takes for permanency to be achieved.

Family Team Meetings:

The program is definitely indicating through the evaluations completed, that family plans being developed during the Family Unity Meetings are ensuring the safety of children.

For additional information and contact persons regarding substance abuse services for families involved in the child welfare system see local area reports for the following:
Allison, Fairfield, Ottumwa, Iowa City, Muscatine, Spencer, Webster, Cedar Rapids, Fort Dodge, Fort Madison

Recommendation for Local Areas Based on Lessons Learned in Iowa

Strengthen Trust-Based Relationships

The state child welfare department and substance abuse agencies need to understand each other's different perspectives and philosophies. To improve services for families, relationship between the two systems need to be established based on understanding and trust. Locally, the two systems need to establish shared service expectations for families and for each other. Collaboration meetings have proven to be an effective mechanism for strengthening understanding, identifying outcome expectations, defining timelines, and developing a joint referral process and shared communication protocols. Existing community planning committees such as Decat and Empowerment board need to include representation from substance abuse agencies to strengthen network partnerships.

Increase Awareness and Improve Practice Skills

Increase the level of awareness for child welfare workers in order to enable workers to identify and assess the effects of substance abuse on families. Currently, one or two workers from a local area attend substance abuse training offered through DHS core courses. To attend these trainings, often extensive travel involved. By providing local educational forums for all DHS workers, the level of awareness will increase collectively throughout the local system. Local trainings would also provide an opportunity for community substance abuse agencies to gain awareness of the child welfare system and of the effects of substance abuse on children. Creating a local educational forum would provide an additional community-linkage mechanism for DHS and substance abuse agencies.

Increase Access for Individualized Strength-Based Services

Collectively, local DHS and substance abuse providers need to assess the barriers to services and devise strategies for streamlining and coordinating services for shared clients. These strategies need to include both formal and informal support resources that provide a continuum of services and build upon the families' strengths. New local programming such as co-locating staff, in-home case management, and family team meetings have increased the access to services that provide for the individualized needs of families.

Recommendations for Statewide Policy

Strengthen Trust-Based Relationships

The state administrators of the Department of Human Services (DHS) and Department of Public Health (DPH) need to assess new activities and program implementation of this project, and shape policy and practice based on lessons learned through a shared decision-making process. To promote local partnerships with child welfare workers and substance abuse agencies, state administrators need to continue to strengthen collaborative efforts that reflect the recommendation for local communities. To promote local partnerships, the development of strategies needs to include mechanisms for the dissemination of information to both child welfare and substance abuse agencies.

Increase Awareness and Improve Practice Skills

The state administrators and training coordinators need to develop strategies that offer substance abuse training to child welfare workers in the local community. This would provide a more comprehensive approach to increasing the level of awareness at the local level. Local educational forums/trainings offered to substance abuse providers would increase the awareness of child safety issues when substance abuse is present in the family. By developing a joint training curriculum that meet the needs of both systems, local partnership may be strengthened and provided with an opportunity for building trust-based relationships. New training curriculum for DHS workers would be strengthened by providing a skill-based component focusing on engagement and functional assessment.

Increase Access for Individualized Strength-based Services

The following are recommendations for a shared decision-making process involving DHS, DPH, and Medicaid administrators:

- Examine outcomes of existing traditional services.
- Identify desired outcomes for services and families working with both systems.
- Conduct a cost-benefit analysis for traditional services.
- Conduct a cost-benefit analysis for the recommended services: co-locating staff, in-home case management, and family team meetings.
- Develop strategies for realigning resources to support new program recommendations based on Department of Health and Human Services report, Blending Perspectives and Building Common Ground.
- Realign resources and provide opportunities for local areas to access these resources.

DHS, DPH, and Medicaid administrators need to work together to devise a protocol for the dissemination of information to help steer local areas towards effective services which produce outcome-based results and identify available resources for implementation.

These recommendations for future programming are derived from lessons learned through empowering local communities to design their own programs to strengthen services. Each of the 27 communities involved in this project collaboratively identified program activities based on both systems' service strengths and needs. Drawing from these experiences, we can identify program activities that meet the specific needs of local communities. To address the issue of substance abuse

and child safety, these new program concepts need to be examined and incorporated into the joint planning strategies with the Department of Human Services and the Department of Public Health. This report provides a mechanism to share this information and serves as a resource for future program design and implementation. Included following are the final reports from each of the local communities and a contact person for the activities implemented.